

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3885

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

65

1. PLACE OF DEATH A. COUNTY <u>Graham</u>	B. LENGTH OF STAY IN THIS TOWN <u>61 yrs</u> IN ARIZONA <u>79 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u>	
	C. CITY OR TOWN <u>Thatcher</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Thatcher</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED A. (FIRST) <u>SARAH</u> B. (MIDDLE) <u>M.</u> C. (LAST) <u>MORTENSEN FM</u>			4. SEX <u>W.</u>	5. COLOR OR RACE <u>W.</u>
6B. NAME OF SPOUSE <u>Widow</u>			6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
7. DATE OF BIRTH MONTH <u>May</u> DAY <u>28</u> YEAR <u>1869</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>85 yrs</u>	IF UNDER 1 YEAR MONTHS <u>—</u> DAYS <u>—</u>	IF UNDER 24 HRS. HOURS <u>—</u> MIN. <u>—</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>	13. SOCIAL SECURITY NO. <u>—</u>
14A. FATHER'S NAME <u>James Gale</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Australia</u>	15A. MOTHER'S MAIDEN NAME <u>Sarah Ann Thorton</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>
16. INFORMANT'S SIGNATURE <u>Martin Mortensen Thatcher, Ariz</u>			17. DATE OF DEATH (MONTH) <u>July</u> (DAY) <u>17</u> (YEAR) <u>54</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>360 X</u> *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Diabetes Mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Acidosis</u>			
	3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (C) <u>Senility</u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>12/21</u> , 19 <u>51</u> , TO <u>17 July 54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>15 July 54</u> , AND THAT DEATH OCCURRED AT <u>24</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE <u>J. W. Hughes MD</u>		23B. ADDRESS <u>Safford Ariz</u>		23C. DATE SIGNED <u>7/18/54</u>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>July 18 54</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Thatcher</u>
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Thatcher Ariz</u>		24E. REGISTRAR'S SIGNATURE <u>J. W. Stratton M.D.</u>		
25A. DATE REC'D BY LOCAL REG. <u>July 17 1954</u>		25B. REGISTRAR'S SIGNATURE <u>Deputy Q. N. Lopez</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Rawson Safford</u>
27. EMBALMER'S SIGNATURE <u>W. C. Rawson</u>		CERT. NO. <u>116</u>		